

New Hampshire Hospital
The Anna Philbrook Center

1999-2000

**special education
program approval
&
Improvement process report**

Introduction

New Hampshire Hospital (NHH) Educational Program has many unusual features, which make it unique. It consists of 2 hospitals located on the campus grounds. Each building houses a secure facility unit and requires 24 hour staffing. The population that receives services from these facilities is very diverse and ever changing.

The Anna Philbrook Center (APC) houses up to 24 children ages 4 to 15.8 years. The Education Department includes the School Administrator, 3 classroom teachers, 2 teaching assistants, a third teacher assistant position is currently being pursued.

In May 1998, due to a limitation in space, NHH began to admit the adolescent age 15.9 to 18 years to F-Unit. This unit is housed at the Adult Psychiatric Services (APS) building. Initially, educational services for this population were provided at the APC building. However, due to safety and behavioral concerns, students often remained at the APS facility and receiving their academic instruction from the classroom teachers available there. It soon became apparent that more permanent accommodations were required.

In Sept. 1999, a fresh plan was created. The APC School Administrator, in cooperation with the Nurse Coordinator and the Rehabilitative Administrator arranged for all educational component of the adolescent therapeutic programming to be provided at APS facility.

In Dec 1999, under the APC School Administrator and with the implementation of the newly designed plan, each adolescent receives approximately 6 hours of academic programming daily without leaving the facility. With this new approach, students have equal opportunity to a uniform curriculum and all available services. In addition, this arrangement provides ongoing open

communication between the Education Department and clinical staff for those students that will require long-term mental health interventions. Along with the re-structuring of the NHH Education Department, a united mission was created.

Our mission is to develop students to their fullest intellectual and social potential. We believe that we can accomplish this by providing an environment conducive to learning. We are prepared to educate our students to be responsible, productive contributing members of their community by nurturing emotional stability, and social responsibility. Students have the opportunity to acquire the knowledge needed to achieve personal goals, and to develop and strengthen skills that are required to make appropriate life choices. In an atmosphere of mutual respect and collaboration, we strive to provide students with academic programming that will challenge them as an individual, and encourage each to accept the responsibility of his/her education.

IDEA TEAM

New Hampshire Hospital education and related staff participated in an orientation to the new special education process in Sept. 1999. As a facility in transition we were very pleased with the new re-certification process that would provide a framework for implementing some of the school improvements that we had already begun to identify. With this in mind, upon returning to NHH a number of meetings were held to identify the IDEA team, and introduce the process to other staff members. It was determined by educational staff and external staff members Compliance Option .2 would be most beneficial to the APC/APS educational programming. By the end of September 1999, the IDEA team had been identified and had begun to develop a focus question. The team members were as follows:

Roberta Avery	Teacher I
Arthur Bonaceto	School Administrator
Nancy Brogden	SERESC
Raymond Caouette	Teacher II
Jennifer Knoze	Nursing
Jack Landow	Team Facilitator
Kathy Mauzerall	Rehabilitation Services
Sophia Meher	Social Services
Heather Merritte	Nursing

Throughout the month of September a great deal of work was accomplished. It was agreed that the team would meet twice monthly at APC to work on the requirements of the project. The schedule of meetings is available on the following page.

IDEA TEAM MEETINGS

September 11,25,1999	Worked on focus question
October 19,27,1999	Completed focus question
November 10,24,1999	Worked on interview questions
December 09,1999	Completed interview questions Completed Survey questions
January 5,19,27,2000	Determined and assigned case studies
February 2,14,2000	Team worked on data from interviews and surveys
March 2,17,2000	Team worked on data, set data to excel spreadsheet
April 5,2000	Reviewed spreadsheets for patterns and trends
April 12,2000	SERESC onsite visit
May 3,17,31,2000	Team began working on report
June 7,14,2000	First draft written
July 7,2000	SERESC meeting to provide guidance

FOCUS QUESTION AND DATA COLLECTION

Focus Question: How are we currently meeting the needs of students admitted to the Philbrook School Program and how can we be more effective in transitioning the students into the least restrictive environment?

The IDEA team began to brainstorm what activities would best meet our ability to collect the correct data needed to answer the focus question. It was determined that our needs would be best served by using:

1. Surveys
 - A. Admission Surveys
 - B. Discharge Surveys
 - C. Program Quality Survey
2. Case Studies

Data Reporting

The Philbrook IDEA team agreed upon the importance of student input for addressing the focus question. As a result the team decided to address this issue through a two-part questionnaire. The Admission Survey was a list of eleven questions used to get a flavor of how and what students perceived as positive or negative factors in their school experience before arriving at Philbrook. The second part of the survey, administered at discharge was to gain some insight on how students perceived the Philbrook School Program, its strengths and weaknesses. This too was done through a survey of 11 questions. These questions were similar to the Admission Survey questions, but were directly related to the students' experience while a resident at Philbrook Center.

From these results, we were able to gain a better understanding of our educational program. The information gathered provided us the chance to compare the students' outside school experience to his/her Philbrook experience. Also, we can identify some of the changes that may have impacted the student's attitude about school, if any. This information will be helpful in tracking the impact of our learning environment and how it affects a student's perspective of his/her education. Further, it will help to identify areas that should be reviewed for changes and improvements.

A copy of the survey questions at admission and discharge, along with other data sheets, which break down student responses into an abbreviated likert style scale model, is attached. This approach was done primarily for simplicity of interpreting the written responses and results.

The Student Admission Survey was administered during the period of 1/19/00 to 4/11/00. It included twenty-eight students, 18 females and 10 males, with ages ranging

from 8 years to 17 years (average age was 14.2 years) and grades ranging from second to twelfth (the average being 8.7). The sending school consisted of residential, home school, special education programs and public schools. There was one district represented three times and another represented twice.

After compiling the data from the Admission Survey, we noticed patterns begin to emerge. The information gathered provided the following conclusions.

First, that most respondents (61%) expressed a somewhat negative attitude about the core curriculum offered in their school, with 39% citing a particular content area.

Secondly, 50% of the students clearly expressed the importance of visual, hands-on learning as being the most helpful technique for them to learn. Only 17% of those surveyed mentioned that their teachers were helpful to them.

More than half (57%) could not site any kind of assistance that was available to them in their previous school, and 54% expressed an unfavorable experience of how going to school made them feel about themselves.

A large portion, 45% of the respondents stated that their troubles in school were directly related to their own negative physical and verbal interactions with others, and 15% stated that they had no troubles in school.

Finally, 18% of those responding stated that more individualized assistance in class would be on their wish list.

From the statistical data available, we were able to conclude the following generalized statements.

1. Students have a somewhat negative attitude about their core curriculum offered in their previous school.
2. Students have a clear preference for visual-hands-on learning activities.
3. Students feel that the expectations of their teachers are just enough.
4. Students were split over the idea of their schoolwork being helpful.
5. Students have a slightly more favorable opinion about their school schedule than unfavorable.
6. Students leaned slightly more toward an unfavorable feeling in relation to their self-esteem.
7. Students felt that there was a lack of help available to them in their school, and that more individual help would be beneficial to them.
8. Students felt that they did OK getting along with school staff and peers.
9. Students felt that most of their problems were due to their own behaviors.
10. Students expectations at Philbrook involved personal growth, and extra help.
11. Students would like to change their school so that they would get more individual attention and help to improve their behavior.

The Student Discharge Survey was administered from 1/20/00 to 5/5/00. It included 18 students, 9 females and 9 males, with the ages ranging from 8 to 17 years (the average being 13.5), and grades ranging from second to twelfth (the average 7.5). Again the sending school districts included residential, special education programs, private schools, public schools and home schools. In this survey only one district was represented twice.

In compiling the data from the Discharge Survey, we again used the likert style number rating system to simplify the information. The following results provided us with valuable information that will be used to guide us as we design and implement our improvement plan.

The responses indicated, (44%) that the students especially enjoyed two components of our curriculum, gym and technology. Another 33% enjoyed the teachers. Again, the use of the hands-on, and visual techniques scored high with 72% favoring them. The survey results further implied that the Philbrook environment was conducive to the various learning styles of the students. The vast majority of students, 72%, felt that the school activities available at Philbrook were helpful to them. One remarkably impressive response was that 55% of those surveyed stated that their school experience at Philbrook was helpful to their self-esteem. This is a significant improvement in the students' perception of their school experiences. To summarize the information in general statements:

1. Students felt that the best part of their day at Philbrook included computers, gym, and teachers.

2. Students believe that the visual and hands on activities are very helpful.
3. Students believe that the teachers' expectations are appropriate for the individual.
4. Students felt that class work/activities at Philbrook were helpful to them.
5. Students liked the schedule at Philbrook.
6. Students felt that their school experience at Philbrook was good for their self-esteem.
7. The students had some difficulty identifying the most helpful component of the school programming and the responses varied a great deal.
8. Students felt that their interactions with peers and staff were positive.
9. Students believe their own disruptive, distracting and task avoidance behaviors were the most troublesome aspect of their day.
10. Students felt that their expectations were met at Philbrook, however, many felt otherwise.
11. Students responses to the wish list varied greatly. Some students felt that no changes were needed while others would decrease class size or rearrange the schedule.

In conclusion, looking at the overall data we can see that during the Admissions Survey the students projected a negative to average outlook on their sending school. These results sharply contrast with those from the

Discharge Survey. The Discharge Survey clearly indicates that the overall outlook on the Philbrook School Programming is above average in all areas. By utilizing the same type of questions directed at the students' school experiences, and comparing it to their Philbrook School experience, we can see that the students' response was significantly more positive at discharge than at admission. This means that the students had a more favorable perception of the Philbrook School program versus their previous school placement.

In addition to the surveys, our team completed two case studies. These case studies included a female age 15 years 4 months and a male 10 years 2 months. Historically, these students have had significant problems while attending their public schools and suffered from poor attendance. Another common denominator is that both of these students have had numerous admissions to NHH. The male student has a supportive family environment, while the female student has lost both parents in separate incidents. Unfortunately, she has minimal to no family support network.

Each student arrived at our facility with an Individualized Education Plan intact and current. However, after working with these students on numerous occasions and achieving varying degrees of success, it was determined that modifications were required to help these students be as successful in their community setting as they were at our facility. Therefore certain recommendations were made and implemented.

In both cases the staff of NHH education department noticed that certain behavior problems and difficulty remaining focused and on task during academic programming was very minimal. It was also noted that each student was mostly cooperative with the request made by staff when given individualized instruction at

the beginning of the assignment. Another technique that we used was to continuously follow up the instructions with brief reminders periodically. This proved to be very helpful to each student. These students were further allowed to take self time outs if they began to feel overwhelmed by the assignment or the stimulus in the classroom environment.

With these strategies in place these students were able to complete assignments, remain on task and meet pre-determined behavioral goals. We considered this success. The challenge was to help these students transition into their community setting and maintain this same level of success.

Community meetings were held on both of these students prior to discharge. The techniques that were used by the staff at APC were discussed and modified in order to meet the needs of the student and the district. At the conclusion of each meeting it was determined that these students would require a small classroom setting that offered some individualized instructions. Also, these students would need to have a modified time schedule. The options discussed were either a shortened school day and/or extended time allowed for assignments, or possibly both of these options. It was also determined that the students be allowed to make choices about extra curricula activity involvement. Further recommendations made were to provide the student with the option of taking self time outs when they felt it necessary.

Since the discharge, and implementation of the recommendations of the APC staff, neither of these individuals has returned to APC. As of this writing, both remain in their communities, enrolled in their public schools and learning to live in the world.

These case studies provided us with an insight into how we can accomplish the task of successfully transitioning students back into their communities.

Lastly, we felt that we needed to gather information from our fellow employees in order to substantiate the emerging patterns. Through a Program Quality Survey, administered to Teachers, Physicians, Nursing staff and Social Services, we were able to gather some interesting, informative and fortunately positive data.

According to the survey results, the staff of NHH clearly feels that the Education Department is currently meeting the needs of the students. In areas such as individualized instruction, positive expectations of the students, working as a team for desired outcomes, and identifying problem areas for students, the department received high ratings.

Although, we received an enormous amount of positive feedback regarding the Philbrook School Program, we recognize that we have deficits in some areas.

One such deficit is the transitioning of these students back into their communities. Unfortunately, this is the most challenging part of our current programming dilemma. We are working toward a more comprehensive discharge plan that will be used to predict obstacles that might arise within the students' environment. By having some type of vision planning we can assist the student to develop a strategy that will help him/her manage these obstacles.

However, from an overall view, we appear to be on the right track in what we do and how we do it. As we continue to pursue an expansion, we will strive to make the necessary improvements in the Education Department of New Hampshire Hospital.

**Private School Program - Summary
New Hampshire Compliance Monitoring
and Improvement Process
Compliance Component**

Facility: New Hampshire Hospital **Program:** Education
Department
APC/APS

Date: August 11, 2000

Outside Team Members	Title	Outside SAU	
Steve D. Gordon	NH Department Education	Y	N
Nancy Brogden	Chairperson SERECS	Y	N
Jaqueline Adams	Special Education Teacher	Y	N
Jane Cummings	Director Special Education	Y	N

Findings Citations of Non -Compliance

Commendations:

Curricula development - ongoing and progressed from 6/99
Atmosphere is calming, bright and friendly
Teachers pick up and deliver students providing
opportunity for daily communication
Staff individualizes programs to meet student needs
Support from people who run the groups
Staff work as a team
Administration very supportive

Citations: (in numerical order)

Ed .300.29	No Transition Statement in one Individualized Education Plan.
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A plan will be initiated to address this issue. A system of checks and balances will be used to insure that all IEP's for students 14 years and older will include a Transition Statement.

Ed .300.24

No statement of how IEP is measured.

A policy is being set-up to address meet this need. We are developing a system that will incorporate measuring the student progress along with the notification of progress to guardian.

Ed .300.437

No current IEP on student in file.

The IEP of each student will be placed on file in all classrooms. Also, we will develop a system to more closely monitor the receipt of IEP's and notify school districts when not received.

Ed .1109.01

Related services (not receiving OT)

A copy of all IEP's that require such services will be provided to the Rehabilitation Department.

Ed .1109.04

No record of notice for IEP meetings in file.

Copies of all available information pertaining to IEP meetings will be placed in student's file. A list of individuals attending meetings will be included.

Ed .1109.06

No representation from private school.

All schools private and public are notified by mail of IEP meetings.

Ed .1111.01 Consideration of Physical Education not in Individualized Education Plan. (LEA responsibility)

New Hampshire Hospital will list student schedules and accommodate all requirements. We will also notify LEA when an IEP is missing a component.

Ed .1119.03 Curriculum development needs work in the Language Arts area.

New Hampshire Hospital will work closely with the Department of Education and SERECS to improve targeted curriculum areas.

Ed .1123.04 File has no record.

A review of the policies and procedures manual will be reviewed to target this problem.

Ed .1133.05 Question as to equal educational opportunities for the students at APS.

New Hampshire Hospital Education Department will refine the curriculum for the high school population of students.

Suggestions:

Written progress reports need to be available to staff, parents and LEA.

Related services notes could be more formally made as part of IEP.

IMPROVEMENT PLAN

The following goals are what we plan to initiate and implement as a result of this process.

Goal 1: To investigate current practices available for serving children with severe/multiple disabilities. We will complete the following objectives by March 2001.

- Interdisciplinary team visit to at least five sites serving children with similar needs.
- Consultations and training from professionals.
- Staff development trainings.
- Literature research.

Goal 2: To implement current practices identified to the program improvement process as soon as possible.

- Increase parents' opportunities to be partners in their child's programs.
- Increase interdisciplinary planning time and presence in the classroom.
- Revise case management system to support the integration of the disciplines and implementation of programming throughout the child's day.

Goal 3: To reform the New Hampshire Hospital's high school program. This goal has already been initiated and is ongoing.

- Integrate and collaborate the APC staff with staff at APS.
- Plan for an outside consultation around team building skills.
- Increase participation in activities, which foster positive relationships among staff and disciplines.

Goal 4: To improve collaboration and communication with outside agencies that are placement destinations for our discharged students. This initiative is currently being discussed and designed.

- Attend Community and Discharge meetings of student.
- Increase Education Department's role in selection of placements of students.

The above goals and objectives are necessary as we begin to develop and initiate our improvement process. We believe that the patterns and trends recognized through the collection of data will be addressed by devising a planned "Vision" that incorporates these components.

Conclusion

The Special Education Re-certification Process offered as an option by the Department of Education and SERECS, provided New Hampshire Hospital's Education Department a true opportunity to work together toward school improvement. It came at a very critical time due to a recent change in organizational leadership. This process provided a wonderful structure to complete the self-study and brought together all the key participants in a collaborative process. It will serve as a model for future self-improvement processes that the New Hampshire Hospital Educational Department may embark on. It also afforded NHH the opportunity to have the objective input of others included in our assessment. The result of this yearlong review was very rewarding and somewhat sobering. Through this process NHH confirmed a number of the improvements and needs that were suspected. The NHH Education Department now has a structure to from with the improvement plan. It also recognized the very positive aspects of the current program. The re-certification process further provided us with the information that will serve as the basic foundation for the formal strategic planning process scheduled within the next year.

Though we as a team identified three areas of improvement, these are very significant and substantial needs. They again are: to increase our efforts to work more closely with school districts, to better integrate programs across the disciplines and to be more effective in transitioning the students into the least restrictive environment. These are clearly the challenges that we need to face in order to exemplify "best practices."

Dear Ms. Brogden,

I wish to Thank - you and all of the staff at Southeastern Regional Education Service Center, Inc. (SERECS). Please believe me when I tell you that everyone at New Hampshire Hospital (Education Department) are extremely grateful for all of the work and support you and your staff have given us.

Your service as a Technical Advisor has not gone unnoticed by the IDEA team, administration and faculty of New Hampshire Hospital. Everyone has noticed and remarked upon the professionalism, hard work, and dedication that you have put forth on behalf of our IDEA Team meetings. Your technical insight has been extremely helpful throughout this entire process.

All of this indicates a job well done by a dedicated and talented individual. We at New Hampshire Hospital wish you to know that we thoroughly and deeply appreciate what you have encouraged us to accomplish. We are proud and happy that we may count you as a valuable part of the New Hampshire Hospital IDEA Team.

Sincerely,

Appendix